



## Material Improvement Reporting Form For IDD Participants Age 3 and Older

**Recipient Name:**

**Medicaid Number:**

**Date of Current Review:**

**Harmony Number:**

**Name of Assessor:**

**ICF/ID Level of Care Factors: please list each document by title and date for each year**

### **Initial year**

ICAP date:

Results:

Evaluation type, dates, signature and credentials, and results (psychological, psychiatric, school eligibility reports, physical, occupational, speech therapy):

Behavior support plan type, date, and results:

Qualifying Diagnosis Certificate (QDC) date, signature and credentials, dx list:

Medical Records types, dates and results:

Material Improvement and comments:

### **Previous year**

ICAP date:

Results:

Evaluation type, dates, signature and credentials, and results (psychological, psychiatric, school eligibility reports, physical, occupational, speech therapy):

Behavior support plan type, date and results:

**Material Improvement Reporting Form For IDD Participants over the age of 3**

Qualifying Diagnosis Certificate (QDC) date, signature and credentials and dx listed:

Medical Records types, dates and results:

Material Improvement and comments (compare to initial year):

**Current year**

ICAP date:

Results:

Evaluation type and dates, signature and credentials and results (psychological, psychiatric, school eligibility reports, physical, occupational, speech therapy):

Behavior support plan type, dates and results:

Qualifying Diagnosis Certificate (QDC) date, signature and credentials, and dx listed:

Medical Records types, dates and results:

Material Improvement and comments (compare to previous year):

**Material Improvement Reporting Form For IDD Participants over the age of 3**

**Review Comments:**

The review committee agreed that material improvement is evident and that no longer meets ICF/IID Level of care.

Recipient Name

---

Printed name of Reviewing QIDP	Signature	Date
--------------------------------	-----------	------

---

Printed name of Reviewing QIDP	Signature	Date
--------------------------------	-----------	------

---

Printed name of Reviewing QIDP	Signature	Date
--------------------------------	-----------	------

**List all the documents in chronological order from current down to old:**